the medic

sixty-seven

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the medic

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dedication
joseph r. di palma, m.d.

as coltho continues to spin, the fiber of life and another four years worth of our fabric have passed beyond the threatening shears of atropos, our garment of knowledge and, we hope, maturity of forethought apparently become a more effective cloak with which we shall weather our future storms. at this point, as we pause to inspect our newly woven vestments, the personages and the less celebrated individuals with whom we have become enmeshed loom impressively in our mind's eye. among our mentors, some more than others deserve our heartfelt thanks and more than a word of praise. one such man, is doctor joseph r. dipalma, the chairman of hahnemann's department of pharmacology.

from his very first days back in march of '16, through his undergraduate years at columbia, his "med" school years at the state university of new york, a king's county internship and residency, his various instructorships, professorships, research fellowship at harvard, and his tenure at hahnemann since 1950, he has been more than an inspiration to all around him, and indeed to us. dr. dipalma, as is well known, is the author of over 100 original scientific papers, and the editor of that "onerous and ulcer-producing" tome **drill's pharmacology in medicine.** whether it be camping, orchid growing, electronics, photography or boating, he is a "jack" and master of many such diverse trades.

daily, from his home, "eleven chimneys" in wayne, pennsylvania, he comes to us to offer his counsel and impart to us the wisdom and knowledge we certainly require. it may be a bit of greco-roman lore or a mite of the psychological import caused by putting 6 oz. of medicine in an 8 oz. bottle, but all well received.

though many may regard such a man as a fatherly-sort of image, and others as a cigar-smoking encyclopedia, we all would do well to emulate his good qualities. for what honor it may bestow or what dignity it may lend, let our book rest in heart and mind as a wreath of olive twigs about the brow of a champion of knowledge, joseph r. dipalma, b.s., m.d.

the class of 1967

administration
dean

graduation from medical school is different from other graduations. completion of high school or college represented the closing of a chapter and a turn in a somewhat different direction. in past times the end of medical school also was considered the close of a period of preparation and study. today, however, life in medicine is a continuum.

the period of formal study of medicine actually ended some time ago for our graduates. you have been in an environment of clinical provocation and self-learning during the past two years or longer. while the transition to an unstructured curriculum is difficult for most students, medical faculties everywhere have recognized for a number of years that such a change in learning techniques must occur within the atmosphere of the medical school and cannot be left to happenstance later on.

knowledge of disease mechanisms and the methods for controlling disease have changed almost totally during the span of a few years. likewise, we are witnessing a marked change in the incidence of disease. the death rate from diseases such as poliomyelitis, tuberculosis and rheumatic fever has decreased strikingly, and even their occurrence rate is much lower than it was just a few years ago. the constant increase in life expectancy and a myriad of new chemicals has confronted the medical profession with new types of illness which were wholly unexpected when today's doctors were medical students. acquainting himself with these postgraduation developments has been the task of each physician and any who have failed to meet it soon

new physicians leaving medical school today must be prepared to devote a part of their lives to medical learning. centers of medical education must start to provide more opportunites for the practicing physician to continue to be a medical student. while medical schools have been broadening their responsibilities for the past several decades, only recently have they admitted that these responsibilities include a much greater role in the continuing education of the practicing doctor. plans for the federal government to contribute to the financing of these programs should remove the main barrier to an acceleration of new ventures in continuing medical education.

the success of such programs rests primarily with the recipient. mandatory continuing education is not likely to be met with much zeal for learning and licensing agencies have wisely rejected such overtures. the last word of counsel from this dean to his graduates, therefore is to remain knowledgeable physicians by recognizing that what little man knows about the processes of life is being modified each day. so devote a part of every day to reading about new discovery and a part of every year to a formal program of re-education. good-bye and good wishes!

william f. kellow, m.d., dean

associate dean

an opportunity for perfection

to the entire class of 1967—congratulations! you have successfully completed a most exacting four years of your medical education. standards of professional performance have been demonstrated to you by the faculty through instruction and example. it is my profound hope that you will accept these high standards and build upon them towards perfection.

many feel that high standards of professional performance are established in medical school only to be discarded under the impact of practical circumstances in practice. i wish to submit to you that this phenomenon, while all too common, is not necessary. you are a free agent facing a golden opportunity, namely the ability of each physician to establish his own mode and standards of practice.

during the past four years you have been in an environment of practice on a large group basis. equipment, facilities, time, deadlines, etc. were established by others to fit the average demands of the situation. when you launch into your career, you will be in the position of establishing standards of practice, equipment, facilities, etc. (whether in research, teaching or patient care) which are under your own control and should be designed to fit your uniquely individual needs.

do you feel each patient should receive a proctoscopic examination? Set it up and do it! should each patient have intraoccular pressure recorded? study the process, set up the equipment and do it! do certain routine procedures contribute to patient care? try them! from now on any lack of performance or standards is your fault and none others. you can and must work towards improving your ability to perform. good hunting.

hugh d. bennett, m.d.
associate dean

assistant dean

your future challenges

congratulations! you have successfully completed your medical school education. you will now enter the next phase of your career with the ability to meet future challenges. these include: self-directed learning; provision of effective leadership in the delivery of health care; and evaluating policies of organized medicine.

your medical school experience has provided you with an opportunity for growth toward self-reliance. i now urge you to continue your self-directed study and display curiosity and critical thinking in your work. do not recreate and maintain the passive, teachers-directed study. you should avoid the pitfall of uncritically assimilating the material someone else thinks important. this is a strategy which may have worked in the past, when the immediate aim was a successful performance on an examination, but it will not work in the future. for your educational growth, the critical element will be the quality of your inquiry.

as in education and industry, team work is mandatory to the organization of the modern practice of medicine. in medical school, the emphasis was on the performance of purely professional tasks. now that you have sufficiently progressed in your career, you will need to be aware of your role as leader of the team providing total care to the patient. the idea of self sufficient independence ought to be discarded. the many challenges presented by the patient cannot be met by any one physician, no matter how well trained for optimal care, it is essential that the physician coordinate his efforts with those of allied health personnel such as social workers, physical therapists and rehabilitation's experts. therefore, if you are to maintain your leadership in the field of health care, you must accept this responsibility.

to be effective in your profession and cope with the rising expectations of society, you will need to resist the forces that demand your alliance on faith alone. educational, scientific, and social changes of the past fifty years have resulted in the goal of health protection regardless of the individual's ability to pay. new programs are, therefore, needed. if the profession does not take initiative for planning and implementation of changes, it will be assumed by forces less well equipped. to continue resisting changes without good reasons will result in increasing assumption of responsibility by federal and state governments.

it is clear that these challenges are great. but you can look forward confidently if you apply yourselves by drawing on the strengths of the past and imaginatively using your potential.

joseph s. gonnella, m.d.,
assistant dean

president

to the class of 1967

let me extend to each of you my sincere congratulations on the occasion of your graduation as a doctor of medicine, and my warm wishes that you will achieve whatever you hold as your goal.

it is difficult to speak of goals without reverting to oaccalaureate idiom. yet, at the expense of doing so, i would observe that you leave your formal educational experience at a remarkably important time—possibly a turning point in medical history.

from the beginning, medicine has pursued a rather insular course—insular in the sense that its own practitioners largely determined its character, its direction, and its pace of progress. today, disciplines until recently ignored or rejected as unrelated to medicine are now tremendous factors in shaping the corpus of medicine, whether we like it or not. and the great question which confronts you is how will, you accommodate them in your particular orbit.

with one you are well acquainted—the involvement of physical science and its arborizing sub-sciences with biology, an involvement of which we are experiencing mere rustlings of the great winds of change ahead. what do you suppose will the developments of the next thirty years, during which you will practice, do to the personal, ethical, and moral relationships which you now visualize regarding physician and patient? specifically, will increasing technology mean impersonalization?

in the other, you are about to be indoctrinated or, as some would have it, immersed or even engulfed. i am referring to the elaborate spectacle of social medicine.

these two developments, recent in terms of their dimensions, are certain to have immense impact on how medicine is practiced. and they share the risk, if not the outright likelihood, of de-humanizing in some degree what was regarded by everyone as a uniquely personal, empathic relationship—that between the doctor and his patient. whatever and however great the changes wrought in the milieu of medical practice by scientific and governmental forces, i earnestly hope that you will each stand strong in the resolve not to let graphs and milligrams percent nor welfare forms and certifications of eligibility come between you and your patient. give him the full measure of your warmth and understanding and support. to do so has been called the doctor's priestly function and this had best not change.

charles s. cameron, m.d.
president

introduction

recollections of a medical student

medical school interview

i can remember well my admission interview at hahnemann. dressed to impress and besieged by multiple flitting butterflies i sallied forth from the security of my sheltered, uncomplicated world to meet the great unknown. the first great obstacle to admission to medical school was in finding the door, which required all the skills of my premedical training. having circled the same collection of old buildings three or four times i was finally faced with the realization that this could possibly be it. walking up the steps, trodden by so many of the faithful, as evidenced by their concavity, i soon realized that the antique exterior was only a covering for a not-so-plush interior. after being misled by three or four confused but friendly people, i finally staggered up to the attractive secretary who directed me to my interviewer. after several frantic telephone calls dr. x finally decided that he was supposed to interview me on that foreboding day. then came that oft-repeated question, for which by now i was thoroughly prepared: "my boy, why do you want to be a doctor, anyway?" a half hour later, with a feeling of confidence gained from the thorough snowing of dr. x., we turned from my future plans to those of the institution, a half hour thereafter i was fully assured that, with hahnemann in the throes of a massive construction program, by graduation i would be a member of a medical team rivaled only by that well-known institution in boston. as i made my exit through those same sacred, antique doors i was weighed down by those obsessive-compulsive doubts characteristic of all pre-medical students.

the summer before

having finally received that long awaited letter of acceptance, i passed many golden months disturbed only by the complete lack of communication from my school. however, doubts as to whether my name had really been lost in that typical hahnemann bureaucracy were precipitously dispelled by the arrival of an important communication to the effect that since medical students were not paying their fair share, tuition had been increased by $200, perfectly within the guidelines of a national anti-inflationary program. With monetary considerations jolting me back to reality i now turned to practical matters. feeling confident, since i was armed with a letter from the dean stating that he would be of aid and assistance concerning problems of housing and other related matters i again journeyed forth to philadelphia. the city of brotherly love, hot and sticky as usual, to my surprise and consternation did not seem to possess a dean or any other helpful soul. all was not bleak, however, since one stray, seemingly lost, sophomore was encountered in the

desolate hallway. of him i asked that time-honored question, "how was the freshman year?" the answer was so horrifying it was immediately repressed.

freshman year

i was one of 110 idealistic but bewildered members of the elass of 1967 who descended on hahnemann for orientation in september, 1963. none of us will soon forget that resplendent buffet "dinner" in our new nurses' residenee, built to celebrate our arrival. it is a shame that other classes have not been similarly honored. the next day an unfamiliar person introdueed as dean kellow arose and said, "this is the best class hahnemann has ever assembled." we looked to our left and looked to our right and after four years are surprised to see the same faces looking baek at us.

it was the first day of elasses and as a horde of bright, shiny freshmen dashed up the front stairs they crashed into a locked and unyielding door. a kindly senior direeted us to that imposing auxiliary entranee in the famous hahnemann alley. the next major obstacle confronting us was the double-barrelled anatomy department attack of asphyxiation by an all-pervasive odor and the machine gun fire technique of its most famous leeturer. bioehemistry led us through eyeles (krebs & others) and had our heads turning with dr. de frates' surprise martinis, our empathy with dr. alexander and his eord problems was unanimous. physiology introduced us to anesthesiology as practiced on many unsuspecting dogs, cats, rabbits and other fauna while the department practiced it on us. the key to physiology was dr. seott who was onee kind enough to grant diamond jim's request for an extra 2-3 minutes of lecture time. the key to dr. seott was his "old" red book which was hahnemann's answer to modern physiology, implemented by an infinite number of national board type questions.

as we left the freshman year, the darlings of all departments, little did we know that we would become the scapegoats of the second year, proving that relativity is still a viable concept.

sophomore year

the prophecy of the dean had been fulfilled as, almost without exception, the entire class returned, rested, enthusiastic and relaxed after our conquest of the first year, little knowing that our latent paranoid tendencies would soon become rampant under the expert guidance of the pathology department. after all, if a test is a learning experience then a test-a-day should eertainly educate the uninformed, pursuing the philosophy that if you give students enough tests they have no time in between them to learn anything new. obviously, the pathology department was not without humor, consider, for example, the "skelton outline of bone pathology". furthermore, the department's overpowering sense of humor was easily matched by its continuous sympathy toward its many admiring subjects. it was, for instance, niee enough frequently to post long lists of names of those unfortunates whose knowledge of pathology was not equal to its high standards.

all else about the second year must be dim in eontrast to the brillianee of pathology. however, certain memories do flicker. no one could forget dr. moat's love for his subject as exemplified by his magnificent lab coat and his fine collec-

tion of slides. we will also always remember dr. dipalma as a distinguished guiding light.

we finally reached the pinnacle of the first two years as national boards deluged us with approximately 5 million objective, nonsensical questions for which we had been so adequately prepared. with frayed nerves and shell-shocked emotions the class of 1967 staggered forward to its junior year, confident in the knowledge that we had been thoroughly prepared to treat disease. we were then rather startled to find out that the carriers of disease were people.

junior year

well, we struggled up the tall mountain of medicine and finally reached the zenith—the clinical years at hahnemann. we had been told repeatedly that this would be like passing from night to day, but unfortunately it seemed more like a passing cloud. during the first days of orientation, the departments told us what to expect of the coming year: psychiatry would be an emotional experience, surgery would be retractable, pediatrics would be noisy, ob would be plain old ob and medicine would be "king of the sciences." in retrospect, this seems an excellent summation.

psychiatry was an unexpectedly rewarding, although traumatic, experience, the caliber of the teaching being almost universally superior. the first practical lesson we learned was that you can empathize, but not identify, with the patient, even while playing pool together. however, the most important point, which soon became apparent, was that

every patient has his psychologic overtones and that no branch of medicine can be adequately practiced without taking this into account. unfortunately, this lesson does not seem to be universally applied.

surgery suffered from a lack of organization which was the strongest point of psychiatry. however, it was a well-balanced athletic program inasmuch as fatigued upper extremity muscles from long hours of retractor holding were only equalled by exhausted lower extremity muscles from endless rounds. one might hope that interspaced between retraction and rounds time could be found to teach the few basic points that surgery has to offer the non-surgical doctor.

pediatrics was a mixture of sight, sound and smells requiring the utmost in patience and restraint. the teaching was a study in contrasts between the younger and older members of the department. it is of interest that some of hahnemann's better pediatricians are stationed elsewhere. however, the one lesson that will always be remembered from our pediatric affiliation is that one must always be prepared—with lollipops!

ob-gyn, unfortunately, is still ob-gyn, as was mentioned before.

medicine was a high point of the junior year. the teaching was more than adequate in both quantity and quality both on a personal basis from the generally superior residents and on a more formal basis from the excellent conferences, especially "ground rounds" and the renovascular service. renovascular, in addition, provided comic relief by way of hahnemann's favorite nephrologist who hopped on one foot into conference one day sucking a lollipop, obviously having learned the pediatrics lesson well. the experience with the medicine rotation most forcibly impresses on the student the feeling that he will share for the rest of his life with all other physicians, namely that his ceaseless attempt to

master medicine will, by the very nature of the field, be doomed to frustration.

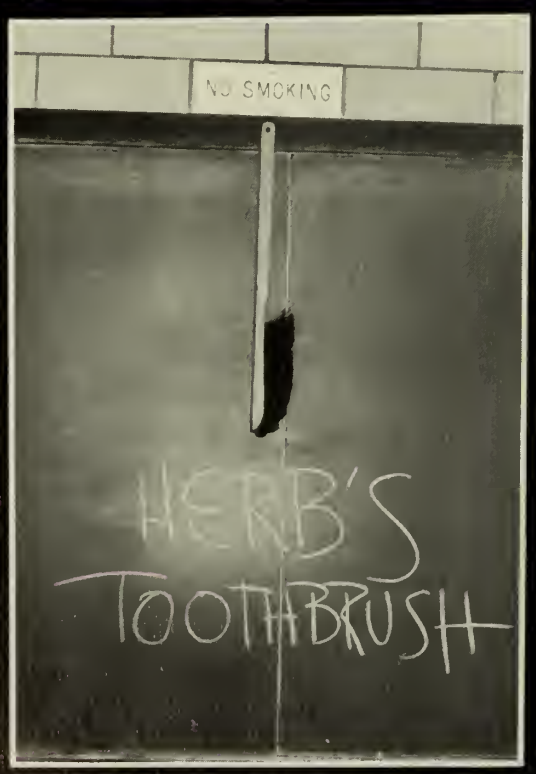
senior year

well, the class of 1967 finally reached the final stage of its perilous journey. as senior medical students, who by definition are but one step removed from God, we all breathed a deep sigh of relief. it almost seemed as if the year would be over before the final transcript for the junior year became available in mid-october, reflecting the speed imparted to the process by the ultra-modern innovation of computers. it will always remain an enigma why junior students bother to take junior comprehensive exams for which the answers, with the exception of medicine, are never made available. obviously, another learning experience.

the most noticeable characteristic of the senior year was its great flux and mobility, obviously an attempt by the administration to keep future doctors physically fit. almost like an army, great numbers of students were forever going and coming from their heralded exploits at hospitals all over the state of pennsylvania. one would think that hahnemann has enough to offer its students without having to ship them out for 16 of the available 35 weeks of the senior year. of these affiliations harrisburg deserves special mention for the kindness of its friendly staff, the good food at the right price and especially the many cooperative nurses and nursing students, all in sharp contrast to pgh.

the major problem of the senior year seems to be that, in many respects, with six more weeks of general ob-gyn, eight more weeks of general surgery and six more weeks of general medicine, it feels like a repetition of the junior year. one would think that senior medical students would be considered mature enough to be able to take advantage of the experience of the previous years to chart a more flexible course for themselves. this would enable them to avail themselves of the many excellent subspecialties hahnemann has to offer within the framework of each student's special interests. it seems a shame that with four years behind us we feel that we have missed much of the best of hahnemann.

having finally reached the end of the hahnemann road, each member of the class in his own special way will take his place in the challenging, rewarding and frustrating field of medicine. all of us shall long remember hahnemann and heartedly echo the sentiment of the preceding classes: "it was an experience!"


NO SMOKING
HERB'S
TOOTHBRUSH

pre-clinical

courses . . .

the first two years

at hahnemann

biochemistry

Dr. John M. Boyd Chairman

biochemistry was the course in laboratory which introduced me also to the amazing and important field of chemical actions and reactions within a living organism. Here we were brought one step further along in the attempt to understand and explain some of the basic mysteries of man and of life itself. We learned that by chemical means organisms maintain themselves from progression or progress to [illegible] a common [illegible] needed to energize and coordinate this energy, and also to store information in a very basic example of these, when we were taught the importance of enzymes and how a genetic biochemical aberration in these enzymes could result in death or greatly impaired life of the organism.

however, besides these concepts that all medical students must encounter, we were exposed to some completely unique. we learned of such medical milestones as how a group with a sensing fork behaves on the vibrating night as told by dr. delgado. we have yet doesn't pay for [illegible] projected to a [illegible] and as [illegible] as the light was demonstrated by dr. alexander.

we were also taught techniques that would stand us in good stead as any biochemist lab., as well as in our future work. and would not really stand [illegible] being a biochemist unless he could [illegible] a localized [illegible] and the rate of [illegible] he could [illegible] a [illegible] three [illegible] ways since [illegible]

[illegible] simply the [illegible] we learned to [illegible] by at [illegible] will [illegible] of [illegible]

Dr. [illegible] [illegible]

Dr. Schade [illegible]

Dr. [illegible] [illegible]

I went to the lecture, it was . . .

These cycles are better than the race track

The Saturday morning conference

Biochem. makes you feel like a big wheel.

If you want to be stolen fast just stay here.

The usual results of a biochem exam.

physiology

Dr. John C. Scott — Chairman

The staff of the department of physiology congratulates the class of '67 and wish them success in their professional careers. It is our hope that the combined efforts of this department have made some useful contributions to your appreciation of medical problems, perhaps factual knowledge is the least important of our contributions, since this may be acquired from many convenient printed sources of major importance is the acquisition of the abilities and skills required to evaluate data obtained in the clinic, the laboratory or the medical publications; this ability to obtain, and objectively weigh the significance of medical information is of course equally important in the clinical field and distinguishes the "cook book" physician from the leaders of the profession.

If we have stimulated your interest and your curiosity in the many unsolved problems of the broad field of medical knowledge our reward is indeed, highly satisfactory. In your enthusiasm, interest, and attitudes, properly applied to your professional problems in the future years, will determine your true success and we hope that our efforts have been of some help in this regard.

Dr. John C. Scott

physiology was the first imaginary subject there had been aspects of anatomy and even of biochemistry that seemed less than clear, to be sure, but physiology was the first venture into the really fanciful branches of our learning. after only half an hour or so, anyone pegs a physiology boy on trouble whatever in coming up with something like this. the effects we have observed high blood pressure excess umbilical lint, dandruff are due to a substance (let's call it revulsin to give it a nice name) a decapeptide released by an ischemic scrotum. well there it is and don't blame me if it gets into somebody's textbook and a bunch of misguided fellows memorize it.

not the least important part of the phsiology course was the lab. if you wanted to spend all day helping some poor animal to its great reward to prove a principle you could accept after 15 min. of reading that's your business. yours and the physiology department's that is.

wish to follow in the footsteps of banting and best of loewi and sherrington? we have sherrington's old lab. equipment and texts in use now.

physiology was also the first monte carlo course. on saturday mornings, amid the creaking stools in an underheated laboratory, answer sheets are passed out and a little game of pre-dawn roulette takes place. the numbers of the deceased are posted the following week. hey, who was number 76 anyway?

then, of course, there was the **red book**, a handy volume that has run through more editions than the encyclopedia britannica, a true storehouse of pertinent physiology was this jewel of a text

we're just kidding, fellows. it was great fun and what c. amory doesn't know won't hurt him. and just remember, if it weren't for physiology, the world would be up to its elbows in dogs.

Dr. William Merrifield — the result is usual success

Dr. Summers — "evidence is more factual than"

Dr. Sperry — "you'll find it in your text"

Hey Gerry, it went up a half a degree today!!

So, what Jewish boy would ever be caught dead at a Baptism. So going home I am.

Ya see theze tree gyze come up to me and Quinto.

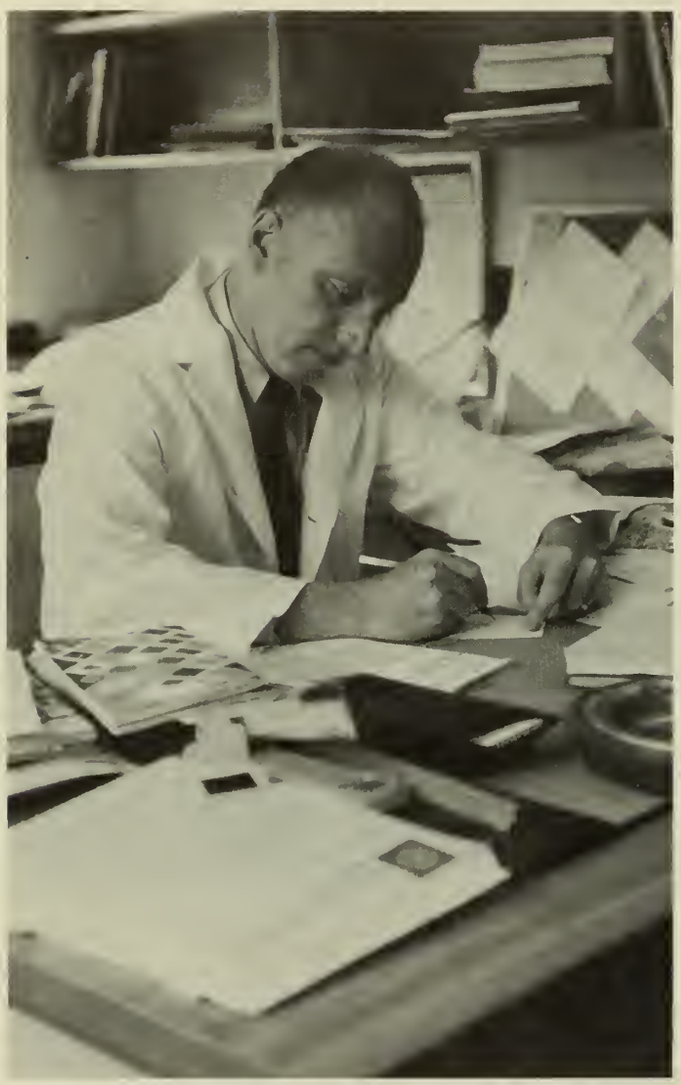
Step #3 . . . change feet from cold to boiling hot water.

anatomy

anatomists study and describe the structure and organization of the body at all levels of complexity from the subcellular organelles of nucleus and cytoplasm to organ systems and the body. perhaps the most ancient branch of medical science, anatomy was originally approached with simple observational techniques and classical anatomy was concerned with the morphology of the body. contemporary anatomy, however, is as concerned with the organization and function of the structural components as with their form, and anatomists now use many different approaches in their studies. present observational techniques use refined optical microscopy, electron microscopy, telemetry and radioactive labeling. anatomic structures may be examined chemically and immunologically. nuclear and cytoplasmic components may be studied for composition, function and regulation, and neural structures may be analyzed by combined anatomical and functional procedures. experimental methods using most of the tools of modern biology are employed to produce changes in the structure or organization of biological systems. such changes are compared with "normal" systems and those which result from random variation and disease states.

by virtue of the special techniques employed or fields of anatomy studied, the broad subject of anatomy has classically been divided into sub-disciplines such as gross anatomy, microscopic anatomy, neuroanatomy, pathological anatomy, physical anthropology, and the like. in recent years new areas such as cell biology, genetics, and electron microscopy have been extensively developed. many of these "specialties" are not "purely" anatomical, but involve the material of other sciences or have such specific clinical applications that they are pursued by other disciplines as well. But in a broad sense, all may appropriately be considered anatomy in that they deal with those properties of organisms which reflect the pattern of biological organization—the functional architecture of the body.

It is the responsibility of an instructional program in anatomy to review for the medical student the scope and methodology of the science as defined above—to introduce him to the structure and organization of the human body and to the techniques by which it may be studied and to do this in sufficient depth so that he will be prepared for subsequent medical courses and clinical problems which require an understanding of body architecture. from anatomy the student should gain a core of firm information regarding the structure of the body, an understanding of how the body is organized and how this organization relates to function, and how the anatomist uses scientific approaches to [illegible]



Reginald N. Kaufmann, M.D. Chairman

Dr. Pascasio ... Happiness is a beautiful lecture

on the whole the first four were very good however the key to the whole performance was the fifth and perhaps only laboratory the photograph we spent many afternoons many many hours introduced to anatomical photography it one did not know better he would think that anatomy was just a pull and tug course

in the other four acts there were some fine individual performances two deserve special mention in histology we saw how with two colors of chalk things were obscure but with a dozen colors everything was a mess in gross we saw how one slide was worth a thousand words but that one thousand slides were worthless.

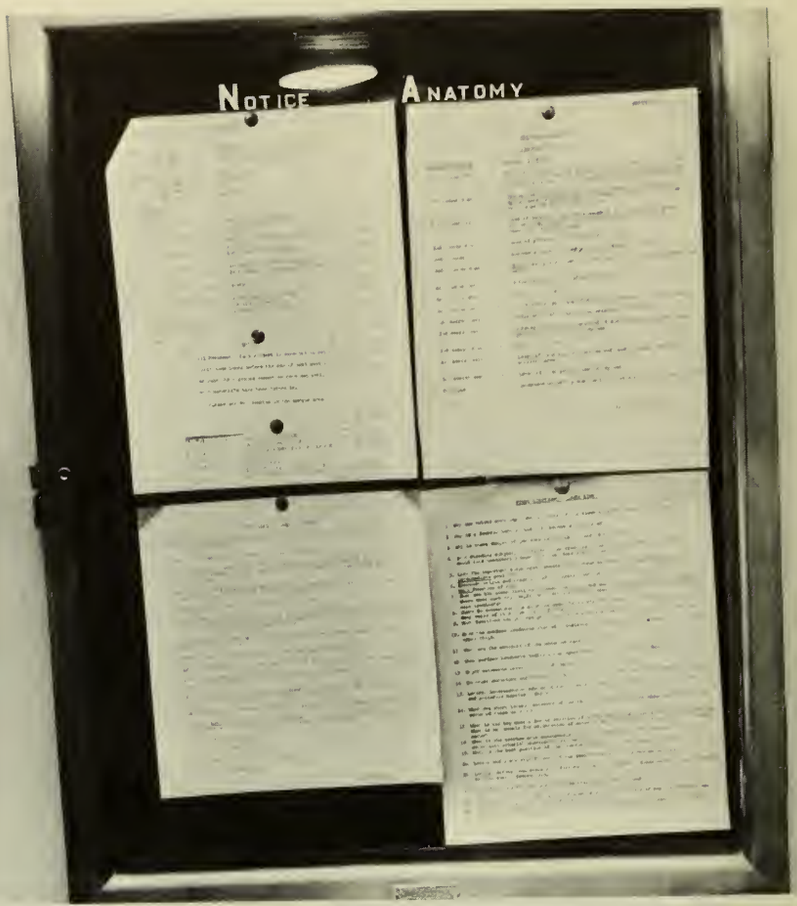
Dr. Acosta ... Why Darkow we did it this way

when we first entered hahnemann as freshman we were all eager to proceed on our journey of saving lives one of the first stumbling blocks we met was anatomy this was presented in five acts, gross, neuro., histo., genetics, and photography

Dr. Van Dyke ... Hum! MacGregor Surgical Anatomy But we can get more test questions from

Anatomy made simple

How about a few slides today? . . .



I hope we don't get alot of slides today.

Some Medical milestones

You say you sat through how many slides?

Let's ask Dr. Kauffman what it is.

I know we're getting slides today.

microbiology

A senior medical student recently commented, upon seeing an examination given this year in sophomore microbiology, that many of the questions were the same as those on an examination which he had taken two years before. With much satisfaction, I replied that this was true. However, I was quick to point out that although the questions were the same, the answers were now different. This point only serves to emphasize how rapidly certain basic concepts of microbiology are undergoing change. Every day we are discarding old concepts and adopting new ones.

The discipline of microbiology has greatly contributed to our knowledge of biological systems in health and disease in the past decade. Just since the completion

of your course, much new significant information has been made available concerning viral aspects of tumor formation, immunology, aspects of virulence and genetic phenomena of microbes. I am certain the pace at which new significant developments with microbiological overtones are being made will continue for some time. Although much of what you were taught may soon become outdated, I do feel that it will serve as a foundation for the understanding and evaluation of the new developments to come. The physicians of tomorrow, more than ever, will likewise be subjected unless he keeps abreast of new scientific developments. It is hoped that your common knowledge throughout your professional career. The physician who does otherwise will be left behind.

Annibale Breedi B.S. M.S. Ph.D Continued

Dr. Crowell From Playboy . . . Oh, She's down stairs

Dr. Moat She's not here, If you don't find her I'm sure we can find something for you in my collection.

To anyone else, it was good ole' 1965, but to the members of Hahnemann's Microbiology dept. it was, Ugh that year! All we wanted as sophomores was to stamp out lives and save disease. You couldn't really blame anyone when we dropped the deadly creeping and man and cattle killing anthrax in the middle of the lab; or even when we mislabeled the typhoid as "harmless"; or widely disseminated those spiro-whatcha macallits via the fecal-oral route after those pipetting accidents. You couldn't even blame us for those experimental mice dying; just because no one came in on Sunday to give them their antibiotics. We gave them twice as much the day before, anyway. (Could that be why they died? Hum.)

Maybe it was self defense when the microbiologists decided to stamp out sophomores and save America. We went to the conference table to talk it over every couple of weeks; and each time we muffed it. However the crushing blows were the sneak attacks they used to pull. "Line up in the halls fellows, some nice lady wants to give you something." (SORE ARMS). They finished it all off with a lab final, and for a clincher threw in a question on something they called "tick paralysis".

The whole department was very gracious after the battle however.

Dr. Moat said he was oblivious to all this and wanted only to stamp out clothes so that he could save his imagination for more astute tasks.

Dr. Bondi wanted to, stamp out wars and save Brucellosis for draft deferrment purposes.

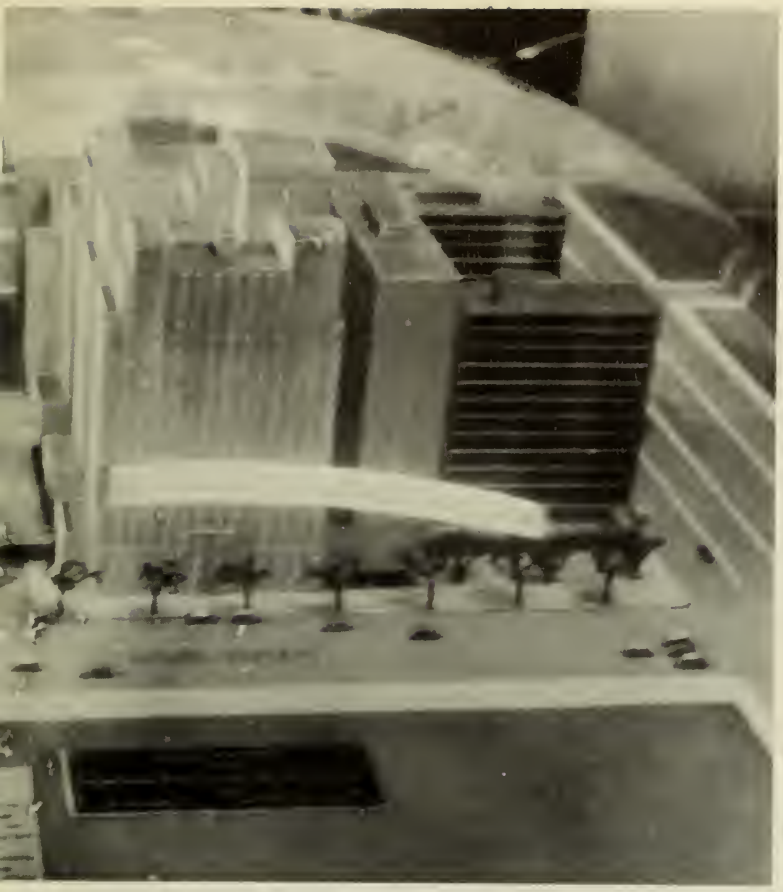
Miss Barnes wanted to stamp out worms and make NIH swab a household word.

Dr. Crowell wanted to stamp out Boris Karloff and horror movies and save "the rabies movies" as their replacement. With all this stamping going on, you would think they would have done more than stamp a lasting impression on us all, that they are one "stamping" good bunch of microbiologists and persons.

Miss Barnes—Here I am. Playboy!? Well never before—but

If only we were not on the honor code

Boy, its tough to go to school during the day and do McCall's laundry at night.



At last, a germ free Hahnemann

Miss Barnes says you can tell the difference. She says G. C. is much cuter than that.

Hum! With this crowd Dr. Moat must be showing slides.

He thought "red snappers" were a rare Chinese delicacy

Joseph F. Dipalma — Chairman

pharmacology

the aim of the course in pharmacology is to provide the student with the background prerequisite to the administration of therapeutic chemicals to humans. pharmacology bears kinship to physiology, biochemistry and biophysics, and is a distinct field only because it has developed certain lines of knowledge which primarily concerns the actions of chemicals on living systems. this body of knowledge can be conveniently divided into four related categories:

1. identification and description of the basic principles of actions of drugs on the body.
2. establishment of the chemical structures and the actions of drugs.
3. study of the quantitative relationships between dose or concentration of a drug and its action.
4. absorption, fate and excretion of drugs.
5. biochemical mechanisms of drug action including their metabolism and the possible influence of this on their pharmacological action.

now it is recognized that this approach is hardly exciting to the premedical student who is anxious to treat his first case of pneumonia. the idea of arsenic or mercury to administer parenterally as aspects for certain infections and usually with good results but only. the physician has the complete knowledge of these drugs and of disease processes only the physician can have sufficient judgement to properly assay the role of drug therapy versus the benefits to be derived in the particular case. such judgement can only stem from a well gathered knowledge of drug action from a fundamental level.

joseph f. dipalma b.s., m.d

pharmacology is physiology with emotion. the subject introduces the student to several thousand drugs, most of which have only one effect in common: they cost money. it is the faculty member's duty to tell them which one. dr. pesquera, however, has said that no other faculty member shall tell personally more than 50% of what he gives all the important lectures in the course. these are called "how to write prescriptions that will impress the patient," "four ways to make money with the ekg machine" and "how to avoid trouble with the internal revenue service."

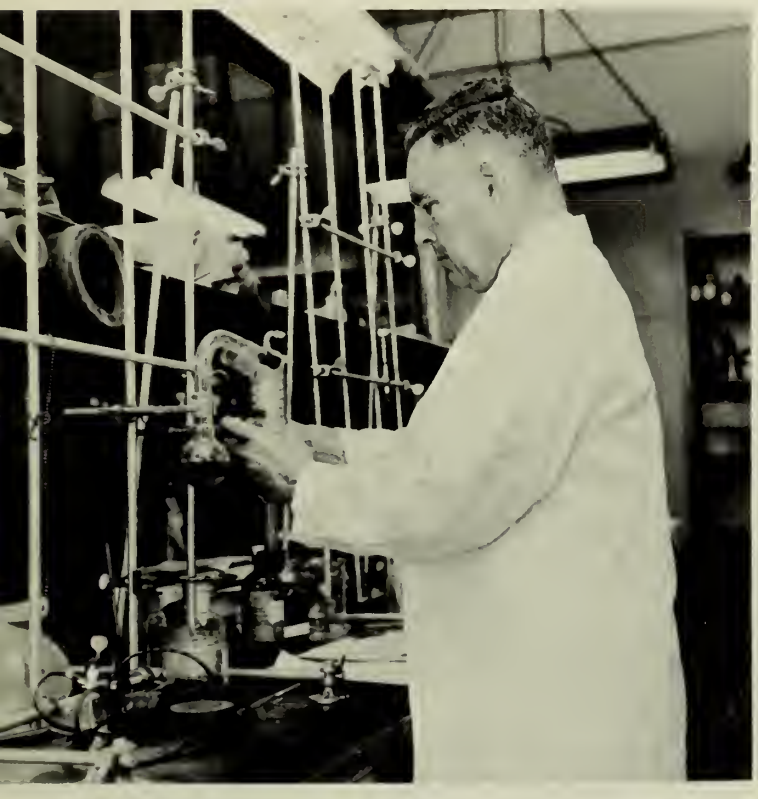
the average student will forget the actions of digitalis, but will undoubtedly remember the effects of selenium on cattle in wyoming and south dakota. this, of course, will be of value later on if he becomes a veterinarian in wyoming or south dakota.

pharmacology also has a laboratory. this is the one where you smear your forehead with burnt cork. this leads to numerous sad jokes about ash wednesday and to very little else.

there are two approaches to pharmacology. the first is to read the textbook. clearly this is an impossible and disastrous course of action. the second is to stick to lecture notes, clearly an impossible and disastrous, etc. a possible way out is offered in weekly conferences at which, if you have the right instructor, you will be given the charts. the object is to reduce the entire course to one gigantic chart which can be spread out in your cellar and memorized sometime before june 1.

the last column on the right in any chart is always called, "other."

Warren Chernick D.Sc.
On this question I made up, only 10.2% got any credit at all.



Dr. Gero
Lunch break in the Pharm. lab.

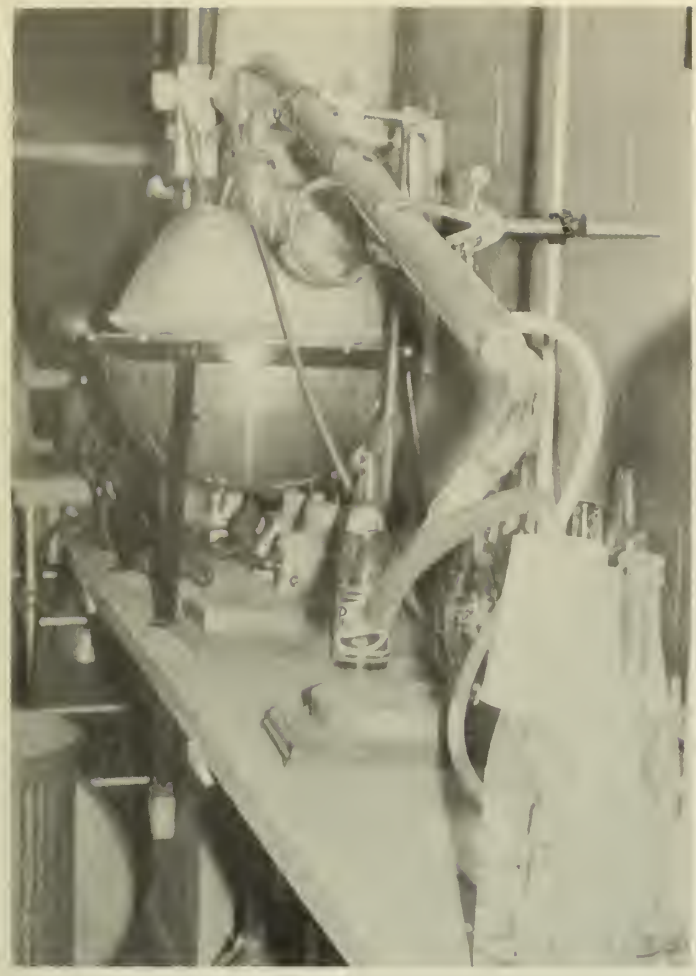
Dr. Christensen
See what LSD can do for thee.

only one dog per table today fellows!

hey murph! hughes got his dog already!

honest irv, i didn't do it.

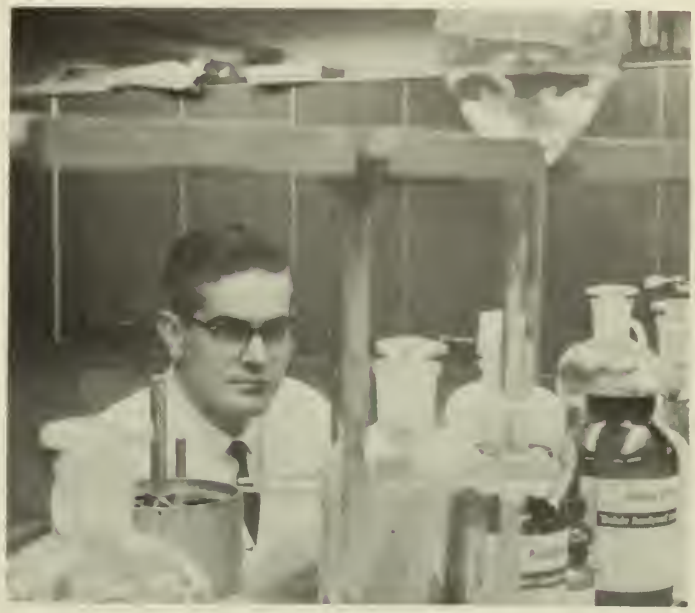
rosenberg fixed it an hour ago.



hey mel, look that old machine is working. wonder what it makes?

greberman will try anything once.

can you eat ice cream on ash wednesday?



when you fellows have been here as long as i have you'll know enough to use these chemicals properly.

pathology

Dr. Joseph E. Imbriglia Chairman

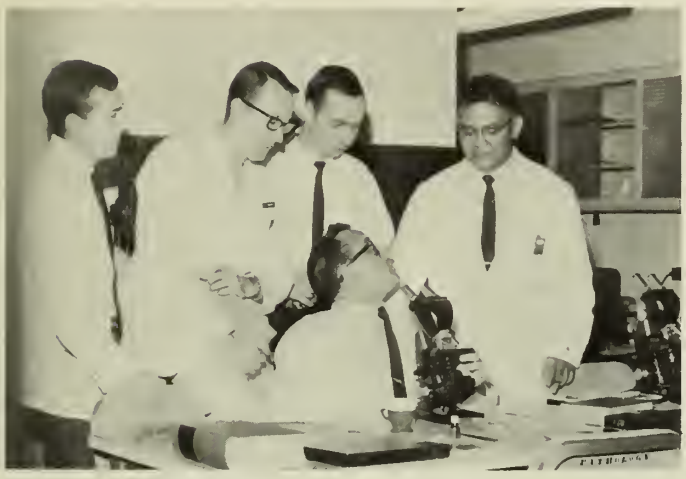
Pathology

at the present time, the organization of a didactic course in pathology for medical students poses a difficult and challenging task, owing to the chaos and confusion arising from our entrance into a new era, which will be comparable to the previous periods of gross and cellular pathology. one resort is to ignore gross and microscopic pathology, emphasizing only macromolecular pathology; the other recourse is to teach only the classical morphologic and clinical aspects of pathology with the same orientation and context of a decade ago. obviously, both methods are extreme, and neither fulfills the obligation of a modern department of pathology to its students some order in this confusion can be achieved if the philosophy is accepted that this new phase in the historical evolution of pathology rests upon the foundations of the gross, microscopic and clinical aspects of disease. based upon this philosophy, a course can be devised to enable the student "to relive" the historical developments of the study of disease and to integrate all its aspects as a unified fund of knowledge rather than separate, isolated entities. the participation by the student in autopsies under the supervision of the staff provides for his personal involvement in the correlation of gross and microscopic findings with the clinical and laboratory manifestations of disease. the use of selected light microscopic sections, electronmicrographs and demonstration of gross specimens assists the student in understanding and correlating normal and abnormal structure and function of cells, tissues and organs. the lectures in general and special pathology should assimilate in a cohesive manner the morphological, experimental and clinical principles of the particular subject; indicate the present limits of our comprehension of each entity; stimulate the curiosity of the student; and implant in him the desire to add to this knowledge in his future career. these objectives are most likely to be achieved by the lecturer who is both experienced and actively engaged in research in the topic which is being presented supplementation of the lectures and the laboratory work is accomplished with textbooks of pathology. it is hoped that an increasing number of these texts will be written unmarked either by the schism of anatomic and experimental pathology or the complete exclusion of the latter, but rather, characterized by a close interdigitation of these two fields in order to assist the student in applying his previously acquired knowledge of modern basic science. not all students find active participation in research during their course in pathology to be a rewarding experience. however, this opportunity for research or the acquisition of additional knowledge in anatomic pathology can be made available during either elective or free periods in their curriculum for those students who are interested in such pursuits.

the acceptance of this general philosophic approach to the organization of a course in pathology enables one to select judiciously from a long list of teaching aids, such as program machines, classic experiments, closed television programs, films, research projects, laboratory manuals, seminars, etc., and frees him from preoccupation with any one of them.

joseph e. imbriglia m.d.

Dr. Kashatus . . . If I warned you once . . .



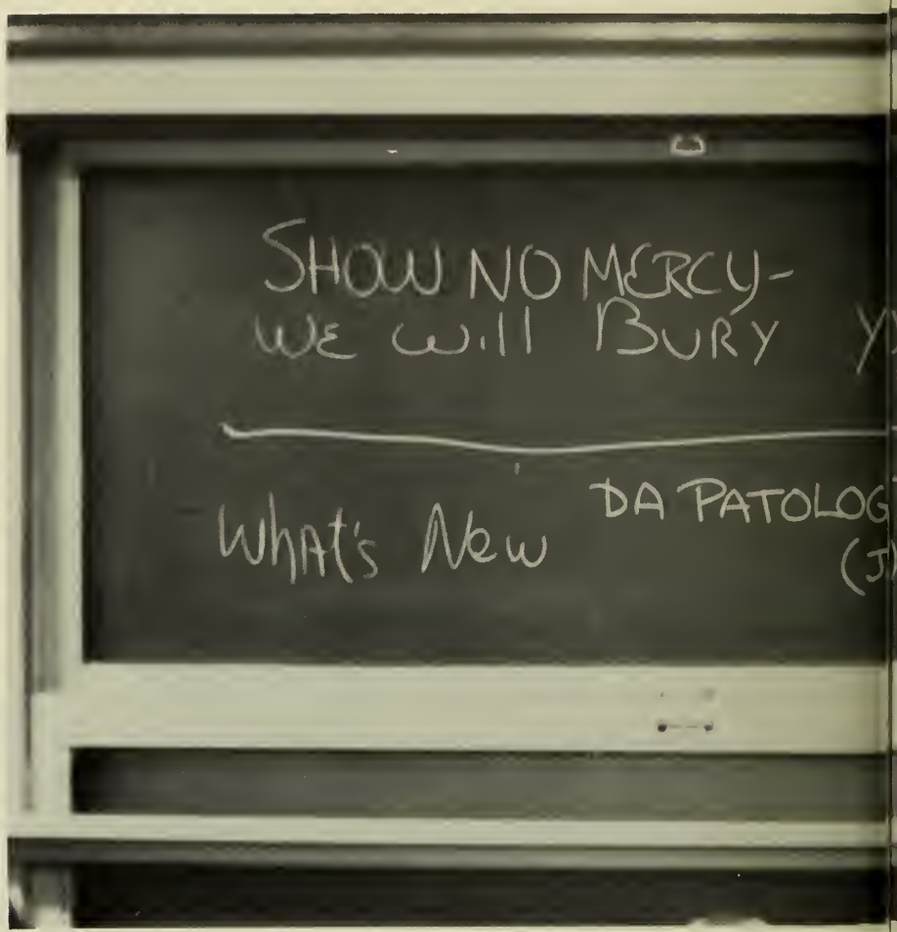
Drs. Tellem and Koiwai . . . Sorry I can't read it through the cigar smoke.

Dr. Nedwich . . . Hum there aren't tails on yours

Dr. Dolphin . . . The "I" whats that

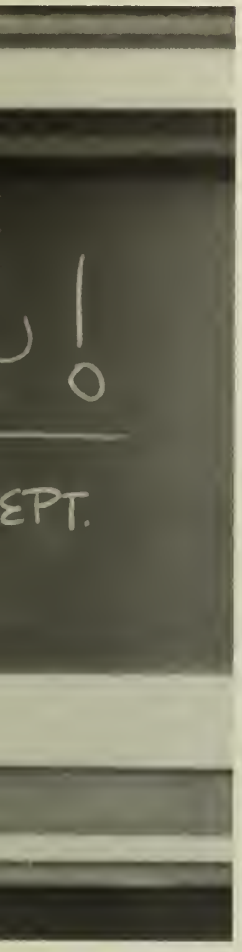
sarcoidosis ?? well 4 for 9.

to check our old exams we must petition . . .



it all seems very funny now, but back then . . .

you could get an ulcer from a course like this!



hey fellas, no slides on the final!

hummm

get your mercy at penn fruit, nadler!

230

. . . clinical courses

the second two years

at hahnemann

pediatrics . . .

Dr. Carl Fisher Chairman

Dr. Martin Baren
I am a baby doctor

Dr. Gregg A quart of water and a pinch of salt.

I don't care what the chart says I am not Soupy Sales

Dr. Gerald Fendrick

That's a laugh! Sent that nice kid to C.P.

C.P. is the biggest joke in pediatrics anyway.

I'd rather stay in clinic all

What's C.P. anyway? Crapy pediatrics

y than listen to C.P. B.S.

You know what I think of C.P.

You know what I think also, comprehensive pediatrics shouldn't be allowed to go near us. It's a good thing they don't anyway.

surgery

Dr. Robert Bower . . . Chairman

Dr. Edward Coppola . . . From my Experience?

No more teaching and being civil or you'll have to go, Frank.

The development of such an environment presents many unsolved problems to the medical educator, first because he is the victim of his own authoritarian tradition and second, because he has himself had little experience with the behavioral sciences in general and learning theory in particular. The other side of this coin concerns the expectations of students. Too often the student is seeking the very security of that cul-de-sac which marks the end of learning: the elimination of conflict and controversy which the authoritarian teacher readily offers. It may be a case of getting what one asks for. To this extent the medical student must share the blame with the faculty for the inadequacies in his medical education.

Dr. Wolferth . . . Cool guys drive sports cars.

Drs. Howard and Schimert . . . Who asked if there is a medical treatment for this disease?

Drs. Mancall and Osterholm. Say Ellie, you look pretty silly with that stick in your pocket.

The method by which we can create the conditions which would bring about in the student those changes I have outlined, are and will continue to be the subject of much debate. The Coggeshall Report of the A.A.M.C., the Report of the Endicott House Summer Study and other publications and symposia bear this out. These and other recent attempts to define the goals of good medical teaching and recommend ways of implementing it are refreshing indicators of general dissatisfaction which has been too long the concern of just a few. One would hope that more and more members of the academic community will come to give thoughtful attention to these problems and propose workable solutions.

Dr. Edward Coppola

Is this a surgery or a logic course

We are poor Elis who have lost our way ba, ba, ba.

Ok Mary! You win again. Just let go of my arm.

Four hours on an arteriogram and you take pictures like these!

Miss Potts . . . the world's most helpful nurse.

The best thing about working nights is the elevator service.

medicine

To the class of 1967

Reflect for a moment upon the complexities of formalized medical training. Our primary objective is to expose the student to an almost overwhelming fund of basic information. which requires rapid assimilation. The principles involved hardly ever change and therefore, great emphasis is placed on basic mechanisms. Above all else, the student must be knowledgeable and this knowledge must remain scientifically current. His intellectual curiosity needs continuous stimulation and problems encountered must be challenged with vigor. The first-year medical student, although a learned man by some standards, diligently increases his fund of medical knowledge and, with quickly increasing momentum, almost suddenly becomes a senior student. Let us focus our attention upon him, a product of intensified training with vast capabilities still to be channeled, slightly unfinished.

With the foundation of four years of basic medical information acquired, the new physician emerges—the man who must now minister to his fellow man. Experience in superspecialty divisions of medicine permits a more intellectual approach than was possible before. Diagnostic and theraputic challenges are now anticipated, even welcomed, and can be handled with surprising sophistication. Guided responsibility in direct patient care assumes a major role to be replaced shortly by increasing responsibility with less guidance. During this period he may be exposed to entirely new concepts. For example, the patient's social history, his family history and family environment may in certain instances assume paramount significance, and the new physician often realizes this for the very first time. He may begin to grasp the importance of such measures as disability evaluation and rehabilitation of the chronically disabled patient, and the need for group effort by physicians in different disciplines and paramedical personnel to restore the patient to full' health. Above all, he may now realize as never before the value of interpersonal relationships, not only between physician and patient but also between the physician and his associates in medicine at all levels.

In a very personal way it has been our hope that each senior student—each new physician—can be channeled into his proper field of service, and that the Department of Medicine at Hahnemann has profundly contributed towards achieving this goal.

John H. Moyer, M.D.
Chairman, Department of Medicine

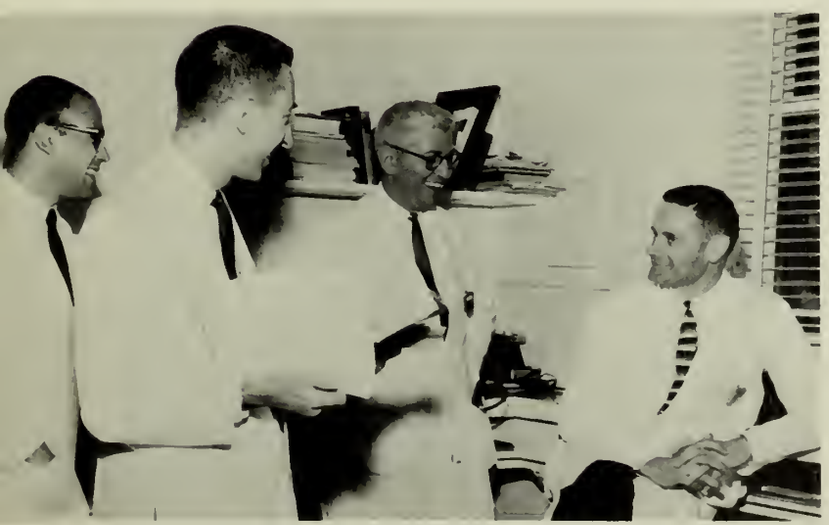
Oaks' Service isn't that bad Jeff.

Be prepared for the draft son, you're never too old for Viet Nam.

Dr. Hobart Reimann

Dr. Oaks . . . I always smile, it's the only way I can keep my teeth up.

Dr. Brodsky With just these hands.



Then Brest said that a recto-vaginal fistula was the radiologic treatment of carcinoma of the Cervix.

Dr. Dreifus Digitalia is old hat. This is my new hair growing experiment.

This is the 28th H.H.A. for this 98 y.o.n.f.

What do you mean, if I don't sign your prescriptions Miss Fine will??

Hum! You two make the sixth and seventh students on medicine tonight.

But I don't see anything on this lateral.

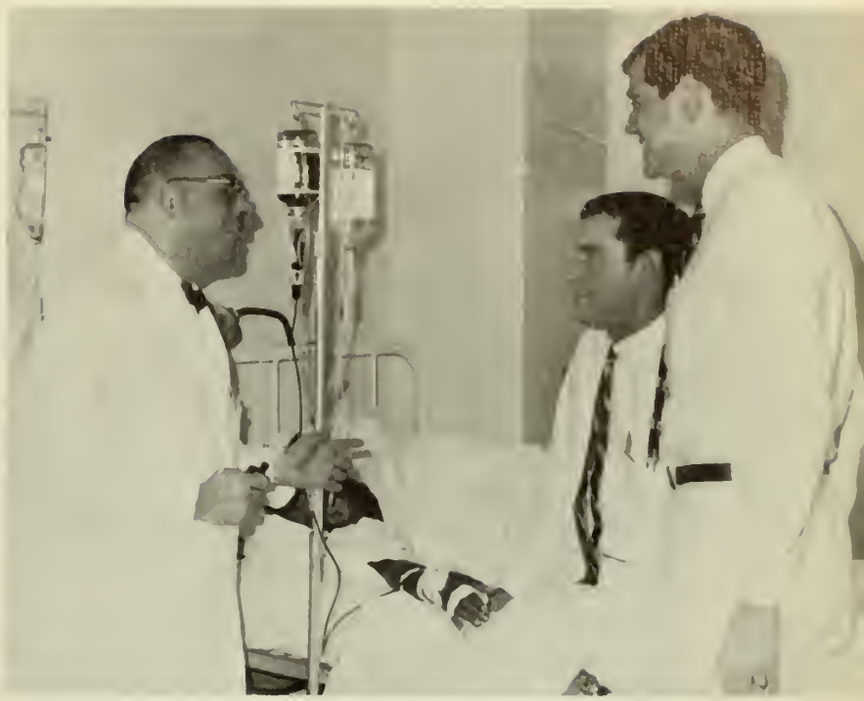
It's time for a green-room consult.

Just the facts, mame.

Congratulations! You've just donated a kidney!

obstetrics and gynecology . . .

Dr. N. Paxson.



Dr. James Cagney . . . Ok youse guys I am the one and only boss around here. Got it?

Extern Carillo I know you'll be glad to fill out my charts for me . . . Won't you?

Dr. B. Wentz

Miss Brown and her band of renown (ill repute).

This is my 12th straight scrub without a delivery.

Oh well! that's 13 in a row

Give me your tired, your hungry, your pregnant.

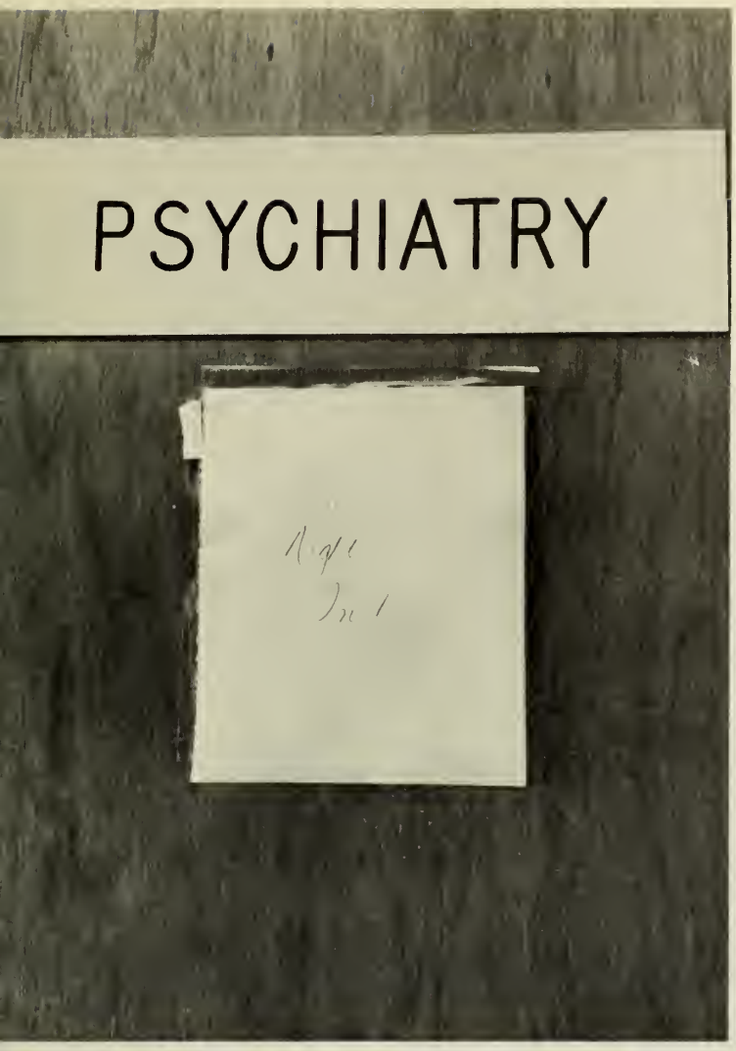
Reality is a rare, but good, finding in OG-GYN.

She's only a practical nurse, but she thinks she's a god.

Hatley, you can't get in line until you get weighed and turn in your urine sample.

psychiatry . . .

PSYCHIATRY



Dr. Paul Fink . . . Who said research is a bore?

Wow' Al, some people are just born with what you need to be a psychiatrist.

Today let's take Karasic

I wonder if this pose is just too seductive for Ole Skip?

special

dedications

passing through hahnemann, the members of this class were impressed by several persons, places and things which they felt were worthy of special mention for various reasons.

gracie

"Good morning. It's seven o'clock. Did you have a good sleep? It's a nice day. Time to get up."

In case you were wondering what she looks like, this is her. Your own personal alarm clock. Gracie.

harrisburg

"Jane Schilling is chasing who?"

"I'll go down for that delivery as soon as I finish this book."

"Put grease on this one. It's a private patient."

"She said, 'If you do that again I'll break your leg.'"

libe

"there's a nice young fellow. think i'll throw him out."

the hahnemann library is justly famous as the school social club. it boasts thousands of fine volumes, a skilled, devoted staff and fines due totaling $27,000. students may work off fines by cleaning the fish tank. it is strictly forbidden to tear corners off of journal covers for use as lunch passes. still, you can't eat lunch on your social security card.

"what's a nice girl like you, etc."

"you don't need a slide rule in medical school."

myron must be sick today.

extension 645

nick the greek is gone, but hahnemann is busy preparing replacements for the famous gamester. whole rotations pass unnoticed, disturbed only by the shuffling of cards, with players sustained by iv infusions of pepsi cola and triturated potato chips plus all the copies of the cancer bulletin you can eat. dead players are removed by the help in large cellophane bags. occasional talk about anatomy or biochemistry is heard from freshmen, but such gaucherie is instantly stared down.

"the winners laugh and tell jokes . . ."

nerve center.

you can't fool your autonomic nervous system!

nurses

"Where's Quinto for that physical?"

"All right, Mort, here's another 50,000 volts."

"Don't call me 'Sir.' I'm only a sergeant."

secretaries

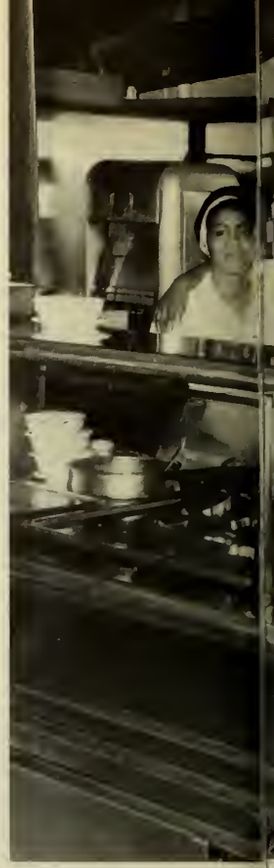
"Did you call ahead for reservations?'

"We'll give you a dean and two medical students for a pediatrics resident."

"Dr. Gonnella says seniors can't apply to community hospitals."

"Lee said to give you this key to the ladies' room."

building one



"through these doors . . ."

the hahnemann hilton opens its arms to the weary student! although many have threatened to blow the whistle to the city health department, the building remains open, making hahnemann the city's leading slumlord. after a day of back-breaking labor, a night of back-breaking sleep. toilet facilities compare favorably with those in andersonville.

would you believe some of those rooms are rented to nurses?

mom's

at every school there are certain arrangements which make it unique and memorable. hahnemann has several such institutions. the most unique and memorable however, is hidden in a shabby old brick building on the ground floor and is affectionately called, "mom's." here the entire body of medical students are treated to only the best in foreign and domestic cuisine. they receive all this in pleasant surroundings of renowned names in the medical profession, beautiful student nurses, and smiling hospital help. and, of course, the best part of the whole idea is the price.

mom's is hahnemann's answer to the bread line.

suurrre, i have a meal ticket.

. . . underclassmen

the classes at hahnemann are only relative units of time and learning. we in the senior class wish to dedicate this section to those persons, in the freshman, sophomore, and junior classes, who are now enjoying much of what this book is about, and who will soon follow us into the profession.

freshmen

The class of 1970 entered Hahnemann with high expectations of success, which were soon lowered when Shearer's Proven Techniques of Human Dissection were not seen until the practical exam.

However the freshman class pulled together its resources and spirit and emerged unscathed from the maze of nerves, arteries, veins, and that immortal lymph; escaped the pathways of the brain and put the scopes away for another year.

That first semester brought out our anxiety and apprehensiveness, but when it was over Hahnemann's acceptance of us and our acceptance of Hahnemann was guaranteed.

With knowledge gained, memories stored and new friendships made, we pushed forward into the traditions of Physiology and the sacred land of biochemistry with a certain sureness not present in the beginning.

The class of 1970 thus became a group, academically, socially, and athletically and now looks forward to the years ahead—the endless days and nights of the making of a physician.

I wonder if this is what"MOMS" is like.

Today I found everything he talked about

Let's call for help; I think it's moving!

Uncle Peter hurt us again.

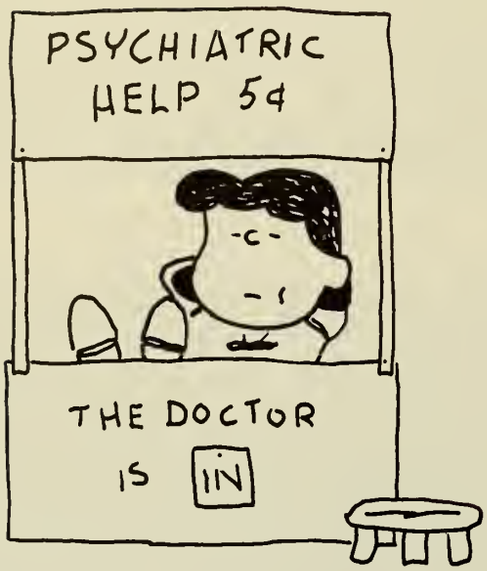
After the exam or—let's hear it for questions 1 to 10.

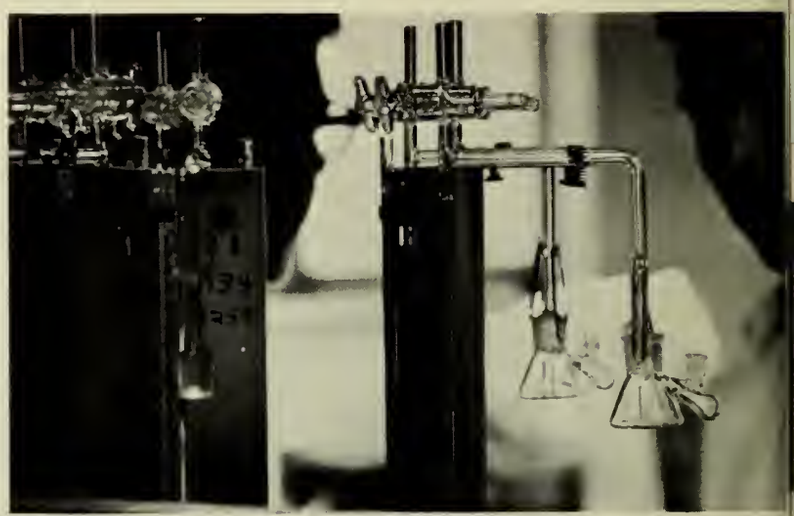
My God, he did put it on the test!

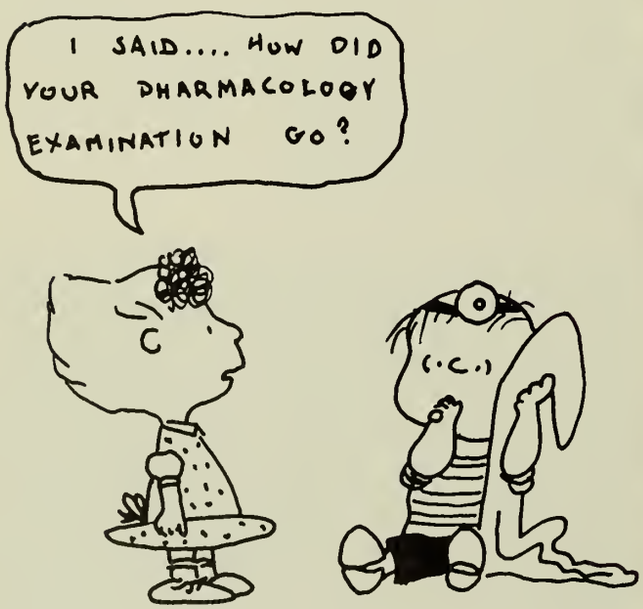
Jamie said that would be on the test too. Oh well.

sophomore

After physiology-a-go-go with Dr. Reed and Dr. Scott, the class of 1969 came to grips own dynamic duo, microbiology and pharmacology, more affectionately known as bugs and drugs. No rhyme scheme, charts mnemonic, or diagram was overlooked in the attempt to learn every last subspecies of scotochromogens and the myriad derivatives of digitalis. The examination schedule consisted of a weekly lytic coctail, prescribed by the Department of Pharmacology, alternated with a weekly LD 50, served up by the Department of Microbiology. Several elective courses were also offered: "Studies in Vincent's Angina" given at the local greasy spoon; "Research in Alcoholism" at the Phi Delta Epsilon Fraternity, and "Patterns of Pedophilia" in the men's locker room. With only pathology and clinical science remaining, the Sophomore class expects to have time for more leisurely pursuits, such as preparing for the National Board Examinations.







juniors

Wow! these new chocolate straws taste really good.

after two long years of harassment, memorization of miniscule facts, frequent exams evaluating our appreciation of the subject, and a clinical science course, we were finally ready to enter the clinical years.

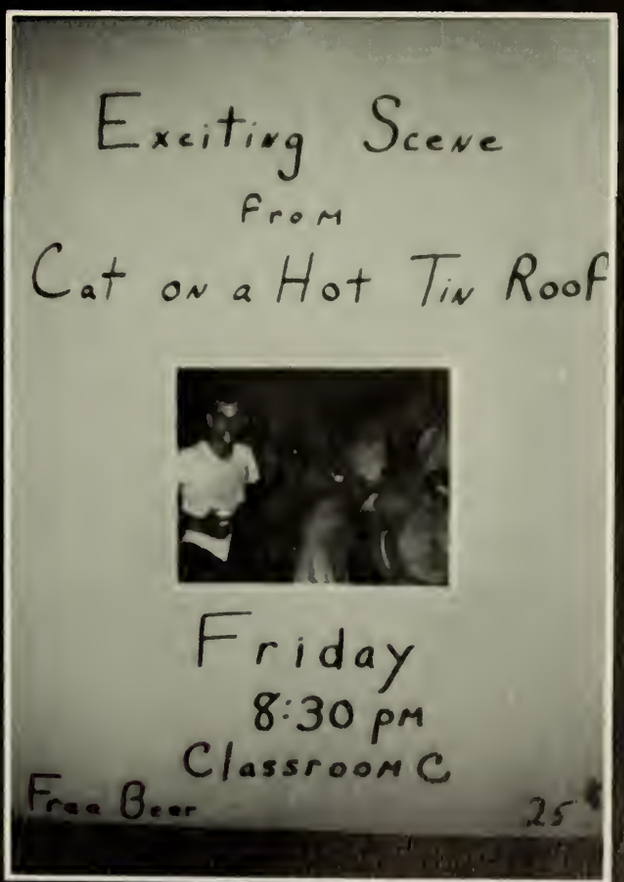
here we found that playing the game meant, "thou shalt not make waves." we drew our first bloods, started our first iv's, cut sutures, delivered babies, and learned the art of taking histories and physicals; and somewhere along the way we finally realized that we were becoming doctors.

Medical Minstrel Night 1966. The Juniors winning act

Ash Wednesday in pharmacology lab!

This gentlemen is what nutmeg looks like.

organizations and activities



aesculapian society

Founded in 1943 by Dr. Thomas M. Snyder, the Aesculapian Society was intended "to maintain close, informal friendships and enlightenment with regard to developments both past and present in our common interest, medicine."

In the last 24 years, with Dr. Snyder and then Dr. Frank Tropea and now Dr. Joseph Imbriglia as advisor and sponsor, the society has recognized that the young men of Hahnemann, physicians to be, have interests beyond those of their chosen profession.

As the MD is a highly intelligent, well-trained and circumspect individual, he is quickly and warmly accepted into all circles of society. His ability to maintain this invaluable position in society demands that he look past his journals to the arts, sports, politics and investments. In an informal dinner atmosphere, talented men from other professions address the society and hopefully lay the foundations of the MD's important "second education."

There are 50 men in the society and each year five men from each class are invited to join to replace the 20 members who graduate as seniors.

It is the hope of the Society that the friendships made and knowledge gained will long be remembered as past of "The Hahnemann Years."

aoa

The Alpha Omega Alpha Honorary Society was organized at the College of Medicine, University of Illinois, in 1902. The society comprises three classes of members: (1) Undergraduates to whom membership is granted on the basis of scholarship, personal honesty and potential leadership; (2) Alumni and faculty membership is granted for distinctive achievement in the art and practice of scientific medicine, and (3) Honorary membership is awarded to eminent leaders in medicine and the allied sciences.

The motto of the society is, "To be worthy to serve the suffering."

The spirit of the society is set forth in its motto and in a modern interpretation of the Hippocratic Oath. It is the duty of members to promote its ideals, to foster the scientific and philosophical features of the medical profession, to look beyond self to the welfare of the profession and of the public, to cultivate social-mindedness as well as an individualistic attitude toward responsibilities, to show respect for colleagues and teachers, to foster research, and in all ways to ennoble the profession of medicine and advance it in public opinion.

The most prominent requisite of membership is high scholarship in a broad sense. Scholarship is more than a record of high average grades and facility in memorizing information. It connotes continuous industry, facility in correlating facts and an intellectual grasp that permits application of information to new problems.

Equal to these qualities is moral character in its broadest sense, including responsibility and honesty in all affairs, as well as other qualitative factors such as individuality and open-mindedness.

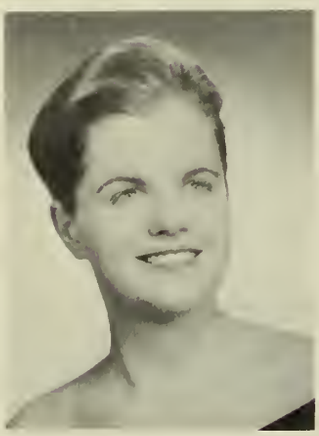
class officers

Paul O'Brien
President Freshman and
Sophomore Years

Malcolm Galen
President Senior Year

Paul O'Connell
Treasurer Sophomore, Junior and
Senior Years

Anthony Iantosca
Student Institute Representative



Barbara McCall
Secretary all four years.

Frank Carroll
Student Institute Representative

John Reidell
Vice President, Junior and Senior
Years

Donald Flannigan was Vice President the Sophomore Year and President the Junior Year.

Phi Lambda Kappa Fraternity.

impulse

the goal of this year's impulse has been to provide the student body and the faculty with information, written by colleagues. this not only provides light reading, but also allows the various individuals to display their talents, amuse their peers and at the same time, express private opinions on matters which play a significant part in their scholastic tenure at hahnemann.

one of the most significant objectives of this year's staff is to create a close working relationship between the students and faculty. this allows each to express his own opinion and his own beliefs, and to share with the other the joys of studying the art of healing man's ills. if an opportunity has been provided by impulse which may have created lasting and effectual communications between both, we should surely then feel, that we shall have accomplished our goal of unifying the members of hahnemann into one large family.

this goal may not be realized in one month or one year, but if we have constructed the foundation and future impulse staffs carry on to build upon this work, then a bond of unity, a link of communications and a welding of understanding will have raised a lasting edifice at hahnemann, and our work will have been more than fruitful.

lee konecke, editor
impulse

undergraduate research society

the undergraduate research society recently celebrated the twentieth anniversary of its founding. some of the most distinguished alumni of the hahnemann medical college can be found among its former members. the imagination, foresight and dedication of such men as drs. alex ulin and amedio bondi were responsible for creating and nurturing an organization devoted to the pursuit of knowledge through scientific research. however, for any such endeavor to succeed it must draw on the efforts and energies of many people. the society has been most fortunate over the ensuing twenty years in finding both students and faculty members who were interested in keeping student research an active and flourishing part of the college scene.

a medical school has the obligation not only of supplying large numbers of practitioners to the community that desperately needs them, but also of searching for the answers to the ills that affect men everywhere. the medical school has the responsibility of providing the means, the methods, the dedication, the knowledge and most important the philosophy and the will to make every succeeding generation of physicians better able to recognize and deal with the problems affecting the health and welfare of all men.

the undergraduate research society, including all of the students who have done research at hahnemann, serves to meet the challenge of medical science. although the organization was originally designed to provide an outlet for those students interested in research and teaching as a career, it has since sought to expand its horizons, to provide a meaningful educational experience to a broader spectrum of the student body. as such, the goals of the research society have become an integral part of the curriculum. they have served to raise the general level of student interest in research and the scientific method. in 1955, the active support of the student institute and the alumni association was offered and accepted; the dean made student fellowships available to support summer research projects and an undergraduate research day was established. this day, which occurs in the early spring, provides a forum for the student researchers to present the fruits of their labors to the college community. the faculty take the opportunity provided by the undergraduate research society day to recognize and commend the efforts of the students in making this institution a better place to work, to learn and to grow.

the society, not resting on its past laurels, plans to expand its activities to include not only scientific research, but any intellectual pursuit that will make its members better physicians, better scientists and better men. it is to this end that the student officers and members, and the faculty moderators have directed their efforts, and to which they enlist the support of the hahnemann community.

serpent society

the serpent society is a purely voluntary, service organization of the college, sanctioned by both administration and student institute. its members support the load of several mammoth tasks such as offering "student guided tours" about hahnemann's "plant", after prospective entering students have had their formal interview; offering "old" microscopes of leaving seniors to entering freshmen for sale "cheap"; and even giving freshmen students their first look at clinical medicine by arranging for them to "work" night duty with seniors "on-call".

the members also often offer their services for "tea-parties" for freshmen parents and sundry other duties of aid to the betterment of hahnemann's name in the eyes of the public and prospective students. the motives of serpent society are altruistic and laudable and we hope eternal.

a. j. dimarino, pres.

dennis king, treas.

the student institute

m. hunter, v. pres.

the student institute at hahnemann medical college and hospital is the elected governing body of the medical college undergraduates. its basis financially lies in the $15 dollars it receives annually from each student, as well as a few small additional gifts from other benefactors. with this money, the institute conducts a three-fold program for the students, these are: athletic, cultural, and social.

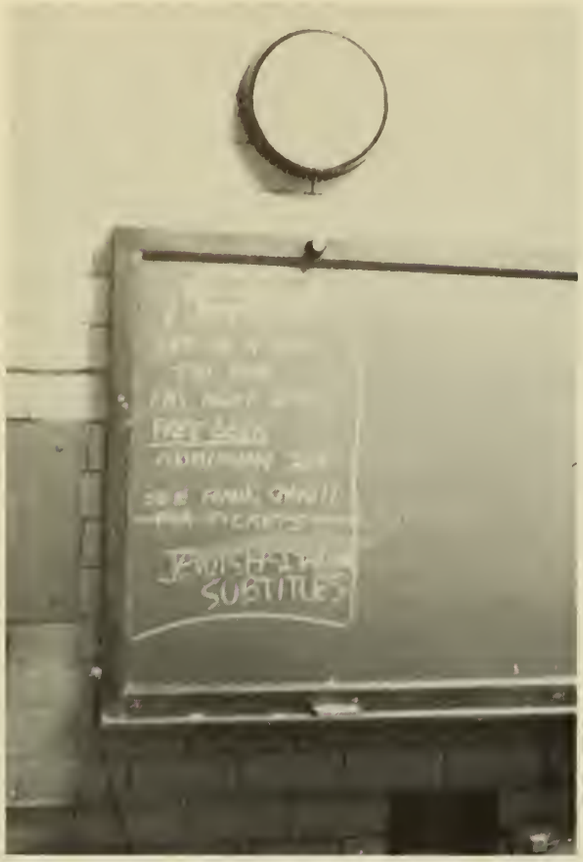
athletically, we direct a "three sport season" of active, intense competition among the four classes in touch football, basketball, and baseball. a trophy is awarded to the playoff champions at the end of each season. we have in our program also arranged for decreased rates for ymca memberships for students so that they can "get away from it all".

culturally, we sponsor lectures throughout the year on various topics from outstanding speakers in their fields and maintain a program of student institute subsidy toward various plays, concerts, and movies about philadelphia. a curriculum committee, a function of our "culture within" furnishes the college administration with student evaluations of certain of their educational experiences at our school.

the student institute is at the same time, very active socially, with two student-faculty cocktail parties, several movie nights, a medical minstrel night, the formal blue and gold dance, the spring picnic and scattered rock-and-roll parties. quite obviously, the institute remains the longest and in most cases the only social outlet for the student body. the student institute also establishes and controls the yearbook policy, subsidizes the school paper "impulse" and directs the honor system. with its six members from each class, as well as the yearbook editor, together with two faculty advisors it oversees the use of the student activities fee and serves as the governing body in all aspects of student life at hahnemann, and we hope will continue to do so for a long time to come.

a. j. dimarino, pres.

activities



movie nights were not much better than disaster days.

medical minstrels the atonement

when one comes to medical school, he has the idea that the good times, the parties, the free afternoons and all that helped to make premedical life enjoyable had passed, at least, for four years. however, he soon learned that this was only a misconception. hahnemann presented enough varied extracurricular activities to satisfy almost anyone.

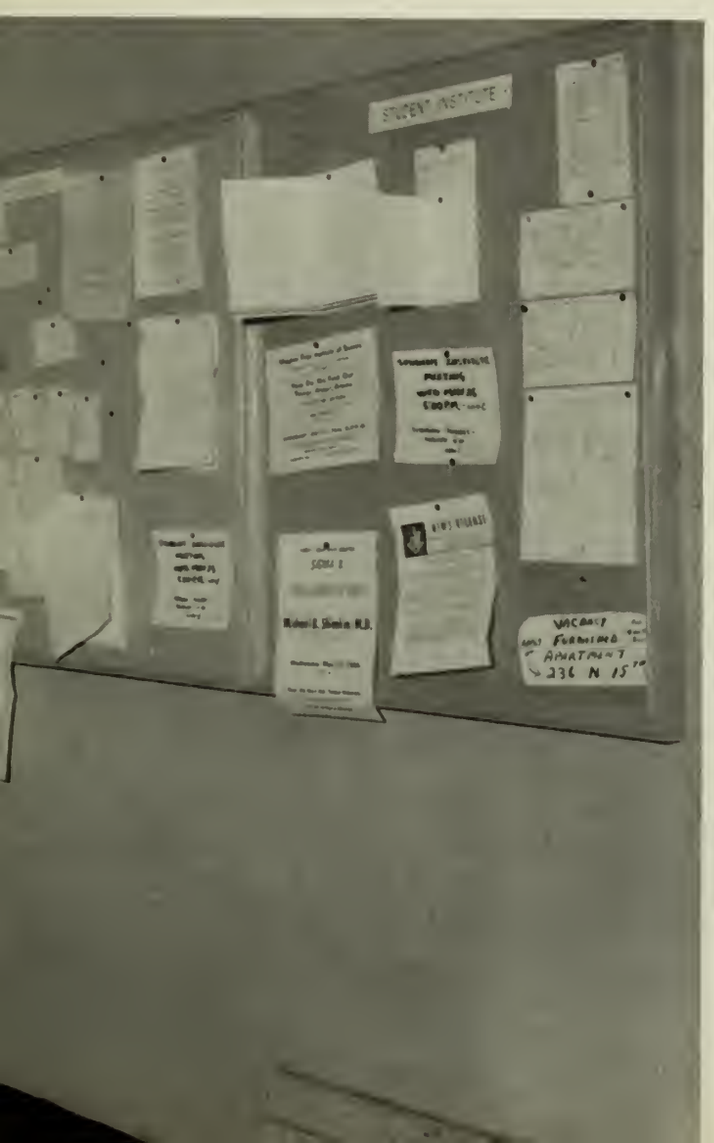
didn't you see it on the bulletin board?

and these were truly disaster days

oh! please don't stop

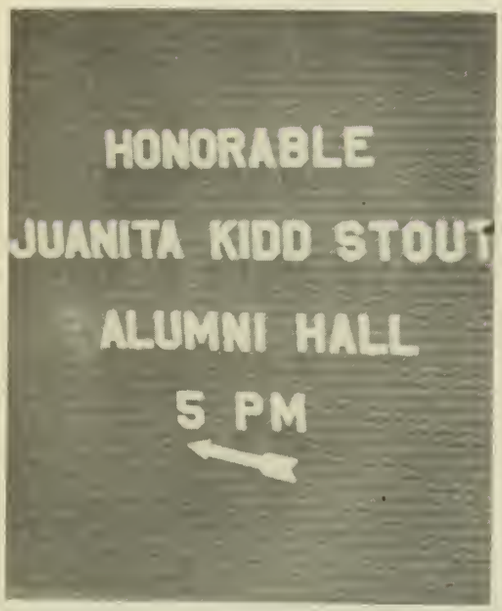
even though our class didn't have the jug band our senior year, we made it through with sacrifice. throughout the years there were theme parties, various intramural athletic programs, lectures, movie nights, formal dances, medical minstrels, picnics, and, of course, disaster days. all in all, a rather varied and full social calendar.

cha, cha, cha.



the blue and gold dances

the student institute presented several renown lecturers, as well as arranging for excellent blue and gold dances . . .



. . .:; it's just too bad they didn't arrange poker games.

the medical minstrel shows were a time when everyone could participate in, or at least watch, the faculty take a ribbing.

despite the fact that wally bush was the m.c., most of the jokes were clean; and some were even good

who won this one diane???

In The sports annals of old Hahnemann High the class of 1967 shall soon be forgotten; however, no where nearly as rapidly as the class of 1966.

Here's the way we play ball at old N.D.

That °'#$° Quinto can sure put it away; beer after beer

Off the cuff parties were usually well attended. As long as Quinto and Smith and Greberman were there, all the beer and Maalox would be gone.

the andersons

family album

the barrolins

the berkowitzs

the cifreses

the cleaves

class of 1967

the cohens

the conklins

the damskers

the davids

the diamonds

the digiovannis

the de liberos

the engs

the flanigans

the galiettas

the giordanos

the gittlemans

the gurlands

the izzos

the kafrissens

the kahns

the kisslos

the krenickys

the levenbergs

the levins

the macdades

the mccalls

the mccoys

the millers

the mufsons

the murphys

the o'briens

the pekalas

the piraccis

the presses

the reidells

the rosenbergs

the ruggieros

the shankins

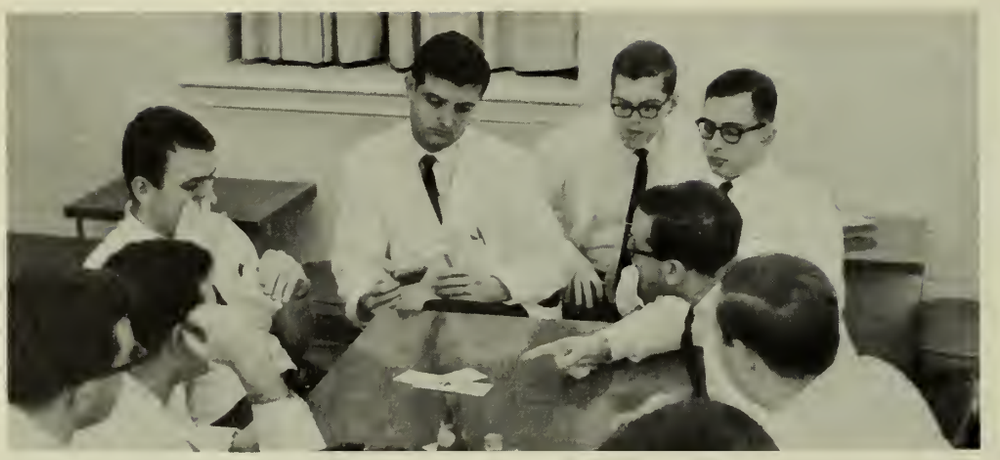
the smiths

the soowals

the suans
neehung

the walches

the warkels



. . . seniors

The Senior year . . . A mixture of many things.

We worked and we learned.
We considered our future.
We reviewed our past;
but, most of all, we just
yearned to finish up and
to be able to leave.

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Cornell University

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Ursinus College

Donald R. Buxton B.S.

Dickinson College

John D. Caggiano B.S.

Union College

Ferdinand J. Carillo B.S.

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Franklin and Marshall College

Sara Ann Cifrese

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Columbia University

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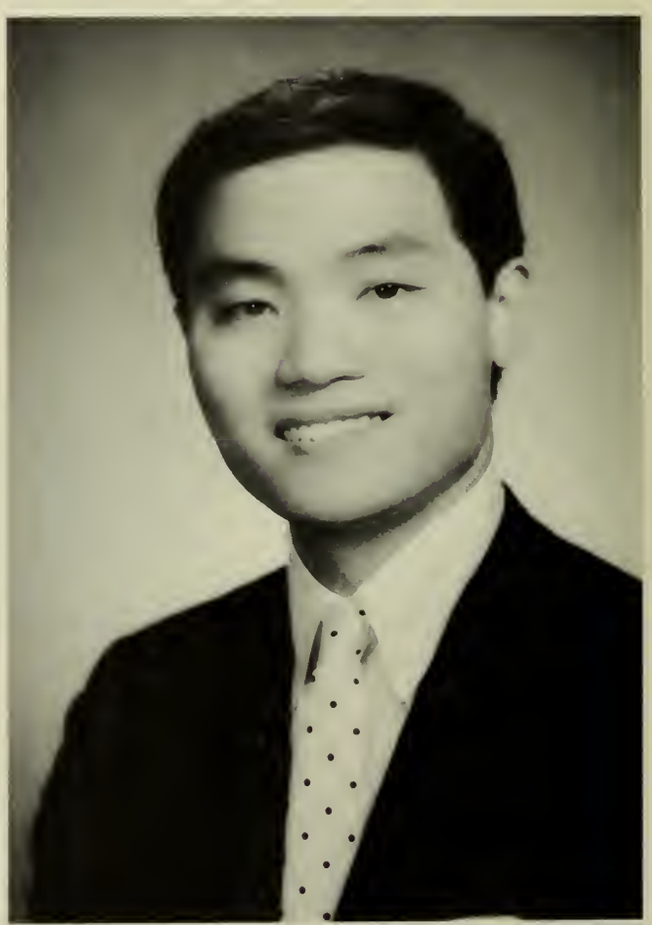

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the hippocratic oath

"I swear by Apollo the physician, by Aesculapius, Hygeia, and Panacea, and I take to witness all the gods, all the goddesses, to keep according to my ability and my judgment the following Oath:

"To consider dear to me as my parents him who taught me this art; to live in common with him and if necessary to share my goods with him; to look upon his children as my own brothers, to teach them this art if they so desire without fee or written promise; to impart to my sons and the sons of the master who taught me and the disciples who have enrolled themselves and have agreed to the rules of the profession, but to these alone, the precepts and the instruction. I will prescribe regimen for the good of my patients according to my ability and my judgment and never do harm to anyone. To please no one will I prescribe a deadly drug, nor give advice which may cause his death. Nor will I give a woman a pessary to procure abortion. But I will preserve the purity of my life and my art. I will not cut for stone, even for patients in whom the disease is manifest; I will leave this operation to be performed by practitioners (specialists in this art). In every house where I come I will enter only for the good of my patients, keeping myself far from all intentional ill-doing and all seduction, and especially from the pleasures of love with women or with men, be they free or slaves. All that may come to my knowledge in the exercise of my profession or outside of my profession or in daily commerce with men, which ought not to be spread abroad, I will keep secret and will never reveal. If I keep this oath faithfully, may I enjoy my life and practice my art, respected by all men and in all times; but if I swerve from it or violate it, may the reverse be my lot."

in memoriam

Milton Tellem M.D. April 26, 1925—December 6, 1966

An Epilogue

Dr. Milton Tellem was born in Wilmington, Delaware. After serving in the U.S. Navy Hospital Corps in the Second World War, he completed pre-medical and medical training at Temple University, Philadelphia. His internship and Pathology residency at Albert Einstein Medical Center, Southern Division, were completed at the New England Deaconess hospital. He was certified by the American Board of Pathology in 1957, the year he came to Hahnemann. He received postgraduate training in the clinical use of radioisotopes (Washington, D.C.) and Neuropathology (University of Maryland). In 1963 he became Assoc. Professor of Pathology at Hahnemann, and in 1966 was elected a representative of the executive faculty on the College Council.

Dr. Tellem's publications were numerous in several fields. Dr. Tellem read widely and enjoyed teaching. In his lectures to students he would read the current literature on a topic, and abstract what he considered the essential principles of pathology and pathophysiology, presenting these in as orderly and clear a manner as possible. When approached by a student with a problem, his complete and concise answers were prefaced with: "I don't know very much about this, but from what I remember . . ." or "Can you give me time to think about this? Will you be free for a while tomorrow?" Dr. Tellem's friends, numbering all those with whom he had contact, will remember him as a good doctor, teacher and researcher, but more, as an exemplary man.

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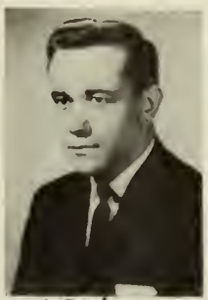
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joann desimoni says . . .

italians are more **stubborn**

I am like my **mother**

and

it is best to have a **plan**

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hospital statistics

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admissions—14,020
deliveries—1,803
operations—7,686
i-rays (diagnostic)—26,156
radioactive istopes—301
pathological tests—261,084
electrocardiograms—7,456
outpatient clinics—10,850
emergency ward—16,347
autopsies—40%
average patient stay—8.1

the above figures are based on the 418 bed capacity. however, on january 1, 1966, west jersey hospital acquired a new division of 100 beds just outside berlin, new jersey, 18 miles from camden on the white horse pike, (a major artery to the shore points), which has increased our bed capacity to 518. a further expansion of 27 beds is expected following the completion of our $1,000,000 ultra-modern operating suite.

monday	tuesday	wednesday	thursday	friday
radiology (3 p.m.) c.p.c. (3rd. mon.) (4 p.m.)	closed circuit fm medical conference (12 noon) medicine (3 p.m.) cardiac (4 p.m.) anesthesia (8 p.m.) jointly with the anest. dpt. temple medical college	journal club (monthly) urology (12:30 p.m.) surgery (3 p.m.) electrocardiogram (4 p.m.)	path- autoposy (8 a.m.) tumor clinic (12 noon) orthopedics (3 p.m.) ob.-gyn. (3:30 p.m.)	pediatrics (1 p.m.) staff meeting 4th fri. (3:00 p.m.)

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